

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Somwang Phommachack	[Signature]	Street: 3016 Pundy Station Rd City: Fitchburg, WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	12/19/2011 (Month) (Day) (Year)
2. ANNE MARES	[Signature]	Street: 425 Engelhart Dr. City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	12/21/2011 (Month) (Day) (Year)
3. Rob Chumakov	[Signature]	Street: 6302 Lakewood Blvd City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	12/28/2011 (Month) (Day) (Year)
4. Anne Kierce	[Signature]	Street: 4705 Texas Trl City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/2/2012 (Month) (Day) (Year)
5. Thomas J. EVEN	[Signature]	Street: 5982 Ekes Dr City: LaValle Zip: 53941	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winfield	1/5/2012 (Month) (Day) (Year)
6. DANA RECINA	[Signature]	Street: 2690 RESEARCH PARK DR City: FITCHBURG Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	1/5/2012 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, JOHN COCALIS, (certify): I reside at 51 WOOD BROOK WAY, FITCHBURG  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012  
(Month) (Day) (Year)

John Cocalis  
(Signature of Circulator)

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Circulators, please  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeff MEIERS	<i>Jeffrey Meiers</i>	Street: 2012 FOREST AVE City: BELOIT Zip: 53511	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BELOIT	12/13/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, WILLIAM DYSSO, (certify): I reside at 7130 VALHALLA TRL. CITY OF MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 13 / 2011  
(Month) (Day) (Year)

*William Dyss*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Salvatore Braico		Street: 7317 Whitacre Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/18/2011 (Month) (Day) (Year)
2. Teresa Ederer		Street: 224 Ash St. Apt 4 City: Sauk City Zip: 53583	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sauk	1/4/2012 (Month) (Day) (Year)
3. RAJARAM GOPALAN		Street: 7821 TWINFLOWER DR City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	1/8/2012 (Month) (Day) (Year)
4. Debra Kanter		Street: 7849 Twinflower Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/8/2012 (Month) (Day) (Year)
5. Robin L. Lawski		Street: 7838 Twinflower Blvd City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/8/2012 (Month) (Day) (Year)
6. Caryle Terrell		Street: 19 Red Maple Trail City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/8/2012 (Month) (Day) (Year)
7. RONDA SAUER		Street: 10 LOON LA City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	1/11/2012 (Month) (Day) (Year)
8. Christopher R. Marcell		Street: 8410 Red Granite Rd City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/11/2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Caryle E Terrell, (certify): I reside at 19 Red Maple Trail, Madison 53717 City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed this paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012 Caryle E Terrell  
(Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone

Email

Caryle

# SCOTT WALKER RECALL PETITION

Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Jayanth Iyengar	<i>Jayanth Iyengar</i>	Street: 209 N Westfield Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Caryl E. Terrell, (certify): I reside at 19 Red Maple Trail, Madison 53717 City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012  
(Month) (Day) (Year)

*Caryl E. Terrell*  
(Signature of Circulator)

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Circulators, please

Phone (608) 261-1234  
Email caryl@terrell.com

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Judy H Guinn	Judy H Guinn	Street: 820 E Birch Ave City: Whitefish Bay Zip: 53217	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Whitefish Bay <input type="checkbox"/> City	11/23/2011 (Month) (Day) (Year)	Email: dgo Phone: (414) 9
2. Susan Niederfrank	Susan Niederfrank	Street: 134 E Prospect St. City: Port Washington WI Zip: 53074	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Port Washington	11/23/2011 (Month) (Day) (Year)	Email: susannied Phone: (262) 2
3. Margaret Guinn	Margaret Guinn	Street: 820 E Birch Ave. City: Whitefish Bay Zip: 53217	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Whitefish Bay <input type="checkbox"/> City	11/23/2011 (Month) (Day) (Year)	Email: mags052 Phone: (414) 9
4. Margaret Niederfrank	Margaret Niederfrank	Street: 1352 Sunset Rd #217 City: Port Washington Zip: 53074	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Port Washington	11/24/2011 (Month) (Day) (Year)	Email: ( ) Phone: ( )
5. Ian Guinn	Ian Guinn	Street: 306 N Prospect Ave #1 City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/24/2011 (Month) (Day) (Year)	Email: i.guinn Phone: (414) 7
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, Emily Guinn, (certify): I reside at 820 E. Birch Ave Village of Whitefish Bay  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Emily Guinn  
(Signature of Circulator)

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Circulators, please  
Phone: ( )  
Email: ( )



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Anthony Hagedorn	<i>Anthony Hagedorn</i>	Street: 715 Poplar Way City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/8/20 (Month) (Day) (Year)
2. Kathleen Koedam	<i>Kathleen Koedam</i>	Street: 730 Poplar Way City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/8/2012 (Month) (Day) (Year)
3. Jill Litwin	<i>Jill Litwin</i>	Street: 947 Harper Dr. City: Verona Wi Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/8/2012 (Month) (Day) (Year)
4. ODELL HIRSCFIELD	<i>Odell Hirschfield</i>	Street: 7110 FRENCHTOWN City: BELLVILLE Zip: 53508	<input checked="" type="checkbox"/> Town MONTROSE <input type="checkbox"/> Village <input type="checkbox"/> City	1/8/2012 (Month) (Day) (Year)
5. Roberta H. Miller	<i>Roberta H. Miller</i>	Street: R#3, 1958 Wendt Rd City: Oregon Zip: 53575	<input checked="" type="checkbox"/> Town Fitchburg <input type="checkbox"/> Village <input type="checkbox"/> City Fitchburg	1/11/2012 (Month) (Day) (Year)
6. Christine Garcia	<i>Christine Garcia</i>	Street: 7868 Wood Road Dr City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/11/2012 (Month) (Day) (Year)
7. Rudy Zimmerman	<i>Rudy Zimmerman</i>	Street: 502 5th St City: Mineral Point Zip: 53565	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mineral Point	1/11/2012 (Month) (Day) (Year)
8. Susan Murray	<i>Susan M. Murray</i>	Street: 106 Mary Lou St. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/11/2012 (Month) (Day) (Year)
9. Michael D. Tolle	<i>Michael D. Tolle</i>	Street: 824 Walnut St. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	1/12/2012 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

## Certification of Circulator

I, Emily Kolman, (certify): I reside at 630 Poplar Way City of Verona  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Emily Kolman*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ian Benton	<i>[Signature]</i>	Street: 607 K Eagle Heights City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/14/2011 (Month) (Day) (Year)
2. Susan Perry	<i>[Signature]</i>	Street: 7210 Colony Dr City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/12/2012 (Month) (Day) (Year)
3. OLIVER PERRY	<i>[Signature]</i>	Street: 7210 Colony Dr City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/13/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Susan Perry, (certify): I reside at 7210 Colony Drive Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Susan Perry  
(Signature of Circulator)

Page No. (Official Use Only)  
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**Circulators, please**  
Phone  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to:**  
Committee  
PO Box 2  
Madison, WI

VOTING MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)		DATE OF SIGNING	CONTACT
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.			
1. Ashley Abel	Ashley Abel	Street: 1507 Regency Ridge City: Wausaukee, WI Zip: 53591	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	1/13/2012 (Month) (Day) (Year)	Email: amittelstadt@a... Phone: (608) 333...
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( ) ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( ) ( )
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## Certification of Circulator

I, Austin Helmke

(Name of Circulator)

(certify): I reside at 420 N. Park Street #330

(Circulator's Residence - Street name and Number)

City of Madison

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Austin Helmke

(Signature of Circulator)

Page No. (Official Use Only)

# 000008

Circulators, please in

Phone: (608) 333...  
Email: austin...



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**

Comm  
PO Box  
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. David W. Sievert	<i>David W. Sievert</i>	Street: 712 N Third St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/04/2011 (Month) (Day) (Year)	Email Phone ( )
2. Patricia R. Jacobson	<i>Patricia R. Jacobson</i>	Street: 618 Jupiter Dr #279 City: Madison Wi Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/21/2011 (Month) (Day) (Year)	Email Phone (608)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Jeannine D. Sievert, (certify): I reside at 5101 Spring Ct Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

*Jeannine D. Sievert*  
(Signature of Circulator)

Page No. (Official Use Only)

000009

Circulators, please

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return  
Comm  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Mabel Elizabeth Densmore	Mabel Elizabeth Densmore	Street: 6205 Mineral Point Road #111 City: Madison, WI Zip: 53705	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/27/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
2. Elizabeth M Roberts	Elizabeth M Roberts	Street: 6225 Mineral Point Rd City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/27/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
3. HARRY R. DAVIS	Harry R Davis	Street: 6225 MINERAL POINT RD City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/28/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
4. Ruth G DAVIS	Ruth G Davis	Street: 6225 Mineral Pt. Rd City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/28/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
5. Robert S. Thorne	Robert S Thorne	Street: 6225 Mineral Pt. Rd City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/28/2011 (Month) (Day) (Year)	Email Phone ( ) ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( ) ( )

## Certification of Circulator

I, VERA M. CUNNINGHAM (Name of Circulator), (certify): I reside at 6225 MINERAL POINT RD. #3 (Circulator's Residence - Street name and Number) MADISON, WI (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012  
(Month) (Day) (Year)

Vera M. Cunningham  
(Signature of Circulator)

Page No. (Official Use Only)

#000010

Circulators, please fill in

Phone  
608  
Email  
gcu

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**

Commit  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. PATRICK SEUBERT	Patrick Seubert	Street: 3159 Larson Lane City: Ephraim Zip: 54211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Ephraim <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
2. Debra Seubert	Debra Seubert	Street: 2434 Chalet Gardens Ct. #2 City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Fitchburg <input type="checkbox"/> City	11/26/2011 (Month) (Day) (Year)	Email Phone ( )
3. MARIE SEUBERT	Marie Seubert	Street: 3159 Larson Lane City: Ephraim Zip: 54211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Ephraim <input type="checkbox"/> City	11/26/2011 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Debra M. Seubert, (certify): I reside at 2434 Chalet Gardens Ct. #2 Fitchburg WI 53711  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Debra M. Seubert  
(Signature of Circulator)

Page No. (Official Use Only)

000011

Circulators, please

Phone ( )

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee  
PO Box 2  
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	SIGNATURE CONTACT
1. Justin Stangel	<i>[Signature]</i>	Street: 41 N Ruby Rd City: Madison Zip: 53726	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City of Madison	11/26/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Katharina S. Stewart	<i>[Signature]</i>	Street: 3619 Vickiann St City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of Middleton	11/27/2011 <small>(Month) (Day) (Year)</small>	Email: Ksstewart@ Phone: (608) 469
3. Tessa Dorresteyn	<i>[Signature]</i>	Street: 1441 E. Skyline Drive City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City of Madison	01/11/2012 <small>(Month) (Day) (Year)</small>	Email Phone: (608) 23
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Marie Stangel, (certify): I reside at 5511 Varsity Hill Madison

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

Circulators, please in

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

000012  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Comm  
PO Box  
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Hilary Shipley	Hilary Shipley	Street: 5106 Bluff St Apt 3 City: Madison Zip: 53705	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/13/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT
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Phone

## Certification of Circulator

I, Christy Ruby, (certify): I reside at 734 Sauk Ridge Trl Apt B City of Madison  
(Name of Circulator) (Circulator's Residence (Street name and Number)) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Christy Ruby  
(Signature of Circulator)

Page No. (Official Use Only)  
**000013**

**Circulators, please fill in**  
Phone  
608  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to**  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. DAWN VANDEURZEN	<i>Dawn Vandeurzen</i>	Street: 612 Stonefield Way City: Mt Horeb 53572 Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mount Horeb <input type="checkbox"/> City	11 / 16 / 2011 (Month) (Day) (Year)	Email Phone ( )
2. Darren Thiel	<i>Darren Thiel</i>	Street: 14 Spear Cir City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)	Email dthiel Phone ( )
3. Lisa Ladson	<i>Lisa Ladson</i>	Street: 601 Spellman St City: Mt. Horeb, WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Horeb <input type="checkbox"/> City	11 / 18 / 2011 (Month) (Day) (Year)	Email Phone ( )
4. JAMIE HOYLE	<i>Jamie Hoyle</i>	Street: 1143 Higgins Ave City: NEENAH WI Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEENAH	11 / 20 / 2011 (Month) (Day) (Year)	Email Phone ( )
5. Angela Marten	<i>Angela Marten</i>	Street: 2583 S. 90th St City: West Allis WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	11 / 20 / 2011 (Month) (Day) (Year)	Email Phone ( )
6. Tammy Donovan	<i>Tammy Donovan</i>	Street: 1401 S. 1st Creek City: CAZENOVIA Zip: 53924	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HenneHA	11 / 20 / 2011 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, SCOTT Vandeurzen, (certify): I reside at 612 STONEFIELD WAY Village of MT. HOREB  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
000314  
#

**Circulators, please include**  
Phone ( )  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**

Commit  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sandra Gjerdahl	<i>S. Gjerdahl</i> (Sandra)	Street: 47505 Hammil Lake Rd City: Drummond WI Zip: 54832	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Drummond	12/30/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Email

Phone (715) 798

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Phone ( )

## Certification of Circulator

I, Michael James Zirke, (certify): I reside at 1102 Gilson St Madison WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Dec 1 30 12011  
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*Michael James Zirke*  
(Signature of Circulator)

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Official Use Only

Circulators, please inc

Phone (608)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Evan Slater	<i>[Signature]</i>	Street: 6814 Erdman Blvd. City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1 / 13 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, Gary Ellenberger, (certify): I reside at 6767 Frank Lloyd Wright, City of Middleton  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01, 13, 2012  
(Month) (Day) (Year)

Gary T. Ellenberger  
(Signature of Circulator)

Page No. (Official Use Only)  
**000016**

Circulators, please  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JAMES BOWKE WILSON	<i>James B. Wilson</i>	Street: 4118 ST. CLAIR ST. City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 5 / 2012 (Month) (Day) (Year)
2. Esther Sweeney	<i>Esther Sweeney</i>	Street: 5471 Westshire Cir. #320 City: Waunakee WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	01 / 13 / 2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, KATHERINE BOWIE, (certify): I reside at 4118 ST CLAIR ST, MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Katherine A Bowie  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone

Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John P. Powers	<i>John P. Powers</i>	Street: 205 N Few St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 3 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, THOMAS KASZULANIS, (certify): I reside at 5111 St. Clair Road TOWN OF WEBSTER  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*[Signature]*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to:**  
Committee  
PO Box 1  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Kim Russell	<i>Kim Russell</i>	Street: 7174 Hwy Co. K #2 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/23/2011 (Month) (Day) (Year)	Email: russellkin Phone: ( )
2. Justin Hack	<i>Justin Hack</i>	Street: 311 King Arthurs Ct City: Cross Plains WI Zip: 53548	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/23/2011 (Month) (Day) (Year)	Email: jhack22@ Phone: ( )
3. Todd Franklin	<i>Todd Franklin</i>	Street: N6866 Hidden Valley Drive City: Beaver Dam Zip: 53916	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	11/24/2011 (Month) (Day) (Year)	Email: tfranklin Phone: (608) 516
4. Mary Franklin	<i>Mary Franklin</i>	Street: 5703 McKennard City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/24/2011 (Month) (Day) (Year)	Email: LILLYCALHO Phone: (608) 32
5. Sarah Shagam	<i>Sarah Shagam</i>	Street: 14 Geronimo Circle City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/04/2011 (Month) (Day) (Year)	Email: ( ) Phone: ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: ( ) Phone: ( )

## Certification of Circulator

I, Tara Franklin, (certify): I reside at 6600 Mendota Ave. Middleton - (City of)  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Tara Franklin  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, please in

Phone: (608)  
Email: tara

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**

Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Johnson		Street: 7843 Big Timber Tr. City: Middleton WI Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton gsw	12/14/2011 (Month) (Day) (Year)
2. Halley Johnson		Street: 7205 OLDSAUK RD APT C City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison gsw	12/22/2011 (Month) (Day) (Year)
3. LYNDAY JOHNSON		Street: 5518 Gettle Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison gsw	12/25/2011 (Month) (Day) (Year)
4. Cody Johnson		Street: 7843 Big Timber City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton gsw	12/25/2011 (Month) (Day) (Year)
5. Daniel Skindingsrude		Street: S North Ct City: Whitewater Zip: 53190	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Whitewater gsw	1/7/2012 (Month) (Day) (Year)
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CONTACT
Email: jblue
Phone: (608) 7
Email: JOHNSON H
Phone: (608) 2
Email: LJOHNS
Phone: (608) 21
Email: [Signature]
Phone: ( )
Email: dskins
Phone: (202) 8
Email:
Phone: ( )
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## Certification of Circulator

I, Jacklyn S. Wasserburger, (certify): I reside at 2907 Osmundsen Rd. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Jacklyn S. Wasserburger  
(Signature of Circulator)

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Page No. (Official Use Only)  
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Circulators, please

Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to:**  
Committee  
PO Box 2  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brenda Blom	<i>Brenda Blom</i>	Street: 6320 Alison Lane City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)
2. Kameron Etkin	<i>Kameron Etkin</i>	Street: 906 Laurie Drive City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)
3. Derrick Fairley	<i>Derrick Fairley</i>	Street: 601 Williamsburg Way CT City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	1/7/2012 (Month) (Day) (Year)
4.		Street: City: Volunteer Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, Linda Alston

(certify): I reside at

2918 McKenna Blvd

Madison 53719

(Circulator's Name - Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

Circulators, please include

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

*Linda Alston*  
(Signature of Circulator)

Page No. (Official Use Only)  
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Phone  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sherry I. Reevey	Sherry I. Reevey	Street: 3232 Forest Run Ct City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 17 / 2011 (Month) (Day) (Year)
2. NANCY J. HARVEY	Nancy J. Harvey	Street: 4723 SHEBOYGAN AVE City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 13 / 2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, Sally J. Cohen, (certify): I reside at 4723 Sheboygan Ave Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Sally J. Cohen  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please fill in

Phone

Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. RICHARD IAN WASSERBURGER	<i>[Signature]</i>	Street: 325 S. Yellowstone #323 City: MADISON, WI Zip: 53705	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (MADISON, WI)	12/22/2011 (Month) (Day) (Year)
2. BEATU JOHNSON	<i>[Signature]</i>	Street: 10848 A Dison Rd. 10848 Madison Rd. 98 City: ARBOR VITAE, WI Zip: 53568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Arbor Vitae gsw	12/31/2011 (Month) (Day) (Year)
3.		Street: ARBOR VITAE gsw City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT
Email: rwasserb
Phone: (608) 3
Email:
Phone: ( )
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Phone: ( )
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Email:
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Phone: ( )
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Phone: ( )

## Certification of Circulator

I, Jacklyn S. Wasserburger, (certify): I reside at 2917 Osmundsen Rd. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Jacklyn S. Wasserburger  
(Signature of Circulator)

Page No. (Official Use Only)  
009923

Circulators, please in  
Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committed  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Cindy Watson	<i>Cindy Watson</i>	Street: 4901 Tony Ln #3521 City: BROOKLYN WI Zip: 53521	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OREGON	12/21/2011 (Month) (Day) (Year)
2. Jamie Pohlman	<i>Jamie Pohlman</i>	Street: 211 Deer Valley Rd. #1 City: MADISON WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	12/21/2011 (Month) (Day) (Year)
3. Paul R. Hummer	<i>Paul R. Hummer</i>	Street: 5145 Wintergreen City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MADISON	12/21/2011 (Month) (Day) (Year)
4. Dantavious Smith	<i>Dantavious Smith</i>	Street: 2613 HAZELWOOD CT #1 City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	12/21/2012 (Month) (Day) (Year)
5. Kari Tha	<i>Kari Tha</i>	Street: 1001 Fiedler Ln #4 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)
6. SABA ZAMAN	<i>Saba Zaman</i>	Street: 1515 PINE ST 218A City: LA CROSSE Zip: 54601	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City La Crosse	1/9/2012 (Month) (Day) (Year)
7. Azeem Zaman	<i>Azeem Zaman</i>	Street: 835 W. Dayton St. Rm 616 City: Madison Zip: 53706	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	1/9/2012 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

CONTACT INFORMATION
Email
Phone ( )
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Phone ( )
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Phone ( )

I, Joan M. Shahrani (Name of Circulator), certify: I reside at 5237 Snapdragon Trail (Circulator's Residence - Street name and Number) Fitchburg (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012 (Month) (Day) (Year)

*Joan M. Shahrani* (Signature of Circulator)

**Circulators, please include**  
Phone ( )  
Email

003324  
# (Official Use Only)



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tracy R. Comer	[Signature]	Street: 5809 Chester Circle City: Fitchburg WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	12/18/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Joan M. Shahrani, (certify): I reside at 5227 Snapdragon Trail Fitchburg  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 12  
(Month) (Day) (Year)

Joan M. Shahrani  
(Signature of Circulator)

Page No. (Official Use Only)  
000025

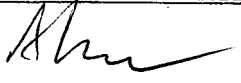
**Circulators, please**  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Comm  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Abdulgader Almagro		Street: 3501 Basalt lane City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/24/2011 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Joan M. Shahrani (Name of Circulator), (certify): I reside at 5227 Snapdragon Trail Fitchburg (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

Joan M. Shahrani  
(Signature of Circulator)

000026  
# (Official Use Only)

Circulators, please inc  
Phone ( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Adeline E. Brickson	<i>Adeline E. Brickson</i>	Street: 514 Welch Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison OAB	01/01/2012 (Month) (Day) (Year)	Email Phone (608)
2. Seth Rutenberg	<i>Seth Rutenberg</i>	Street: 2711 Flagship Dr #7 City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison OAB	1/1/2012 (Month) (Day) (Year)	Email Phone (608)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Debra A Brickson, (certify): I reside at 3420 Sunset Dr Shorewood Hills Madison Dane county  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 01 / 2012  
(Month) (Day) (Year)

Debra Brickson  
(Signature of Circulator)

DEBRA BRICKSON

Page No. (Official Use Only)

030327

Circulators, please

Phone

(608)

Email

just

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Comm  
PO Box  
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Carey	<i>John Carey</i>	Street: 3511 Sunset Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood Hills	12/18/2011 (Month) (Day) (Year)
2. MAX RAHDER	<i>[Signature]</i>	Street: 3420 Sunset Dr City: Shorewood Hills Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood Hills	12/18/2011 (Month) (Day) (Year)
3. Merritt Burnham	<i>Merritt Burnham</i>	Street: 2787 Richardson St. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	1/8/2012 (Month) (Day) (Year)
4. <del>Kekia and Charlotte Mire</del>	<del>[Signature]</del>	Street: <del>3401 Crestwood Dr</del> City: <del>Madison, WI</del> Zip: <del>53705</del>	<del><input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood Hills</del>	<del>1/11/2012 (Month) (Day) (Year)</del>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, MAX RAHDER, (certify): I reside at 3420 SUNSET DR SHOREWOOD HILLS  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 1 11 2012  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)  
MAX RAHDER

Pay No Attention (Use Only)  
# 000025

Circulators, please

Phone  
#  
Email  
max

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MICHAEL STUART	<i>Michael Stuart</i>	Street: 2024 Madison St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 13 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT INFORMATION
Email: <i>mmstuart</i>
Phone: <i>(608) 3</i>
Email:
Phone: <i>( )</i>
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Phone: <i>( )</i>
Email:
Phone: <i>( )</i>

## Certification of Circulator

I, Joan Bonazza, (certify): I reside at 409 Yosemite Trail City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012  
(Month) (Day) (Year)

*Joan T Bonazza*  
(Signature of Circulator)

000029  
#  
(Official Use Only)

**Circulators, please**  
Phone: *(608)*  
Email: *Joan*



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Comm  
PO Box  
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Elsie J. Purvis	<i>Elsie J Purvis</i>	Street: 602 Sawyer Ter #110 City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/07/2012 (Month) (Day) (Year)	Email Phone ( )
2. Elizabeth Gernon Elernon	<i>Elizabeth Gernon Elernon</i>	Street: 602 Sawyer Ter #110 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/17/2012 (Month) (Day) (Year)	Email Phone ( )
3. Elisse Kinch	<i>Elisse Kinch</i>	Street: 602 Sawyer Ter 411 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/07/2012 (Month) (Day) (Year)	Email Phone ( )
4. Frank L. Alford	<i>Frank L. Alford</i>	Street: 602 Sawyer Terrace City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison RBE	1/7/2012 (Month) (Day) (Year)	Email Phone ( )
5. Peter Thresson	<i>Peter Thresson</i>	Street: 4706 Regent St 46-B City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2012 (Month) (Day) (Year)	Email Phone ( )
6. Dale Kloiber	<i>Dale Kloiber</i>	Street: 4732 Regent St Apt 108B City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2012 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Robert Earle, (certify): I reside at 601 N. Midvale Blvd #2 City of Madison WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012  
(Month) (Day) (Year)

*Robert Earle*  
(Signature of Circulator)

Page No. 000030  
#

**Circulators, please**  
Phone (608) 261-1234  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Janet Marcelina	<i>Janet Marcelina</i>	Street: 602 Sawyer Terrace City: apt 327 Madison Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)	Email Phone (608) 2
2. Angela Breitbach	<i>Angela Breitbach</i>	Street: 602 Sawyer Terrace City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)	Email Phone ( )
3. BERYL GULLICKSON	<i>Beryl Gullickson</i>	Street: 602 Sawyer Ter #424 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)	Email Phone ( )
4. Galina Konovalova	<i>Galina Konovalova</i>	Street: 602 Sawyer Ter #321 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)	Email Phone (608)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, PAMELA A. PALMER, (certify): I reside at 2826 MASON ST. CITY OF MADISON

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 7 / 12012  
(Month) (Day) (Year)

Pamela A. Palmer  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000031

Circulators, please

Phone

Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee to  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. June Padgham	<i>June Padgham</i>	Street: 7603 Widgeon Way City: Madison Zip: 53717	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/12/2012 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Jeffrey L. Kravat, (certify): I reside at 7618 Widgeon Way Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

*Jeffrey L. Kravat*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000032

Circulators, please include

Phone (608)  
Email collins



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Roger Buffett	<i>Roger Buffett</i>	Street: 8626 Wood Violet Way City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. CANDACE O. BLOEDON	<i>Candace O. Bloedon</i>	Street: 1211 E. LAKESIDE DR City: EDGERTON Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MILTON	11/16/2011 (Month) (Day) (Year)
3. Lucetta C. Kanetzke	<i>Lucetta C. Kanetzke</i>	Street: 6333 Masthead Drive City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. PHILLIP A. BLOEDON	<i>Phil Bloedon</i>	Street: 1211 E LAKESIDE DR City: EDGERTON WI Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MILTON	11/16/2011 (Month) (Day) (Year)
5. Arthur Mack	<i>Arthur Mack</i>	Street: 5501 Regent City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Gloria J. Boorne	<i>Gloria J. Boorne</i>	Street: 5618 Regent Street City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Roger Buffett, (certify): I reside at 8626 Wood Violet Way Madison, WI 53717  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 1 16 12012  
(Month) (Day) (Year)

*Roger Buffett*  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, please

Phone (608) 211-1000  
Email vogue

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Hatheway M. Hasler	<i>Hatheway M. Hasler</i>	Street: 3111 Pheasant Branch Rd City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	10/18/2011 (Month) (Day) (Year)	Email: hathewayh Phone: (608) 8
2. Annrta Lady	<i>Annrta Lady</i>	Street: 1829 Thorstrol of City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/18/2011 (Month) (Day) (Year)	Email: Phone: ( )
3. Lucile M. Phillips	<i>Lucile M. Phillips</i>	Street: 3111 Pheasant Branch Rd City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/18/2011 (Month) (Day) (Year)	Email: Phone: ( )
4. JAMES A. ESSER	<i>James A. Esser</i>	Street: 304 WORTHINGTON CT City: WAUNAKEE, WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUNAKEE	12/27/2011 (Month) (Day) (Year)	Email: Phone: ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, Hatheway Hasler, (certify): I reside at 3111 Pheasant Branch Rd #2063 Middleton  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012  
(Month) (Day) (Year)

*Hatheway M. Hasler*  
(Signature of Circulator)

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Circulators, please

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Royce Rood	<i>Royce Rood</i>	Street: 812 6th #303 City: Monroe Zip: 53566	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monroe	1 / 7 / 2012 (Month) (Day) (Year)
2. Dylan Capelle	<i>Dylan Capelle</i>	Street: 110 N. Blair St #2 City: Madison Zip: 53203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 10 / 2012 (Month) (Day) (Year)
3. Kurt R Baumgarten	<i>Kurt R Baumgarten</i>	Street: 4319 Drexel Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1 / 10 / 2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, Kira Wehn, (certify): I reside at 3510 Gregory St. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators, please  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10

Committee to Recall V  
PO Box 2569  
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFOR
1. Print: <u>Susan J. Flemming</u> Sign: <u>Susan J. Flemming</u>	Street: <u>1537 Ames St.</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: <u>Christopher Harwood</u> Sign: <u>CH</u>	Street: <u>2834 Pleasant Vw. #201</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>Janet Barr</u> Sign: <u>Janet Barr</u>	Street: <u>1533 AMES ST.</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: <u>ALAN BERG</u> Sign: <u>Alan Berg</u>	Street: <u>1531 AMES ST</u> City: <u>NEENAH</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>NEENAH</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Brooke Berg</u> Sign: <u>Brooke Berg</u>	Street: <u>1531 Ames St</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email  Phone ( )

## Certification of Circulator

I, Eileen Harwood, (certify): I reside at 2834 Pleasant View #201  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Middleton  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012  
(Month) (Day) (Year)

Eileen J. Harwood  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators,  
Please include your contact info in case

Phone  
(608) 628-1  
Email  
ejfharwood

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10

Committee to Recall  
PO Box 2569  
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>Laura Martin</u> Sign: <u>LM</u>	Street: <u>1223 S. Grant Ave</u> City: <u>Janesville</u> Zip: <u>53546</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Janesville</u> (Municipality Name)	<u>12/6/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608) 563-</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>

## Certification of Circulator

I, Eileen Harwood, (certify): I reside at 2634 Pleasant View #201 Middleton  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012  
(Month) (Day) (Year)  
Eileen J. Harwood  
(Signature of Circulator)

Page No. (Official Use Only)

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## Circulators,

Please include your contact info in ca

Phone

(608) 628-11

Email

ejharwood@

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Mark Nowacki	<i>Mark Nowacki</i>	Street: 2420 Independence Ln #211 City: Madison Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/22/2011 (Month) (Day) (Year)	Email: mark.nowacki@madison.wi.gov Phone: (608) 261-1234
2. ALLEN L. George	<i>Allen L. George</i>	Street: 1015 COLLINS Rd City: Jefferson WI Zip: 53549	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Jefferson	12/05/2011 (Month) (Day) (Year)	Email: allen.george@jefferson.wi.gov Phone: (920) 712-3456
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( ) ( ) ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( ) ( ) ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( ) ( ) ( )
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## Certification of Circulator

I, Erin B. Quinn, (certify): I reside at 2825 King James Way City of Fitchburg  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

*Erin B. Quinn*  
(Signature of Circulator)

Page No. (Official Use Only)  
**000039**

Circulators, please

Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Christina Lovell	<i>Christina Lovell</i>	Street: 408 Parkwood #3 City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/10/2011 (Month) (Day) (Year)
2. Michael Maxwiler	<i>Michael Maxwiler</i>	Street: 3748 HERMINA ST City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	12/17/2011 (Month) (Day) (Year)
3. Michael Madison	<i>Michael Madison</i>	Street: 1311 N Xenia BLVD City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	1/10/2011 (Month) (Day) (Year)
4. Enoch G. Parker	<i>Enoch G. Parker</i>	Street: 7324 Countrywood LN City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/10/2011 (Month) (Day) (Year)
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## Certification of Circulator

I, EILEEN MASON, (certify): I reside at 834 S Gammon Rd #2 City of MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

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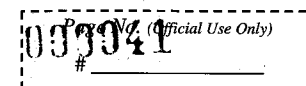
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1. Sarah E.C. Peterson	<i>[Signature]</i>	Street: 623 E. Circle St City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11 / 24 / 2011 (Month) (Day) (Year)
2. David D Peterson	<i>[Signature]</i>	Street: 623 E. Circle St City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11 / 24 / 2011 (Month) (Day) (Year)
3. Addrena Squires	<i>[Signature]</i>	Street: 15 LAKESHORE CT City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12 / 14 / 2011 (Month) (Day) (Year)
4. Erin Sytk	<i>[Signature]</i>	Street: P.O. Box 242 City: Land O' Lakes Zip: 54540	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12 / 21 / 2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, FRANKLYNN PETERSON, (certify): I reside at 3006 GREGORY STREET MANSON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

January 12 2012  
(Month) (Day) (Year)  
*[Signature]*  
(Signature of Circulator)



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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Robert S. Olson	[Signature]	Street: 1107 Garfield Ave Apt 2 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/05/2012 (Month) (Day) (Year)	Email Phone ( )
2. Caelan Switzky	[Signature]	Street: 132 Onyx Court City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	01/8/2012 (Month) (Day) (Year)	Email Phone 1-(608)-84
3. Ellen Switzky	ELLEN SWITZKY	Street: 6096 VIROQUA DR City: FITCHBURG Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	1/8/2012 (Month) (Day) (Year)	Email Phone ( )
4. Joyce (ITHM) [Signature]	[Signature]	Street: 2320 JACKSON ST. City: SToughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SToughton	1/8/2012 (Month) (Day) (Year)	Email Phone ( )
5. Dylan Goossen	[Signature]	Street: 5627 BYRNLAND City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	1/8/2012 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, DONNA ANDERSON (Name of Circulator), (certify): I reside at 2634 Richardson St. Fitchburg (Circulator's Residence - Street name and Number) City of Fitchburg (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01/1/08 12012 (Month) (Day) (Year)

[Signature] (Signature of Circulator)

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Circulators, please in  
Phone 608  
Email donna

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JULIE REEVES	<i>Julie Reeves</i>	Street: 319 8th Ave City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	1 / 12 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT INFORMATION
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## Certification of Circulator

I, Robert M. Rieser, (certify): I reside at N7977 Dahlk Road Town of New Glarus  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 13 / 2012  
RL (Month) (Day) (Year)

*Robert M. Rieser*  
(Signature of Circulator)

Page No. Official Use Only  
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**Circulators, please**  
Phone (6  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Erica Hagl		Street: 746 Odessa Lane City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison 1712	1/7/2012 (Month) (Day) (Year)	Email: glouelle Phone: ( )
2. Erica Taylor		Street: 1305 Loreen Dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)	Email: Phone: ( )
3. Sheila Allen		Street: 2025 Greenwood Cross City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/7/2012 (Month) (Day) (Year)	Email: Phone: ( )
4. Rodney Butler		Street: 6209 Schroeder Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/8/2012 (Month) (Day) (Year)	Email: Phone: ( )
5. Sarah Saeed		Street: 2652 Quartz Rd. City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	1/8/2012 (Month) (Day) (Year)	Email: Phone: ( )
6. Telana Montgomery		Street: 4713 Schroeder Rd #4 City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/8/2012 (Month) (Day) (Year)	Email: Phone: ( )
7. JUANITA WILLIAMS		Street: 1357 Ivory Dr. WI City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (JS) San Francisco	1/9/2012 (Month) (Day) (Year)	Email: Phone: ( )
8. Robert S. Steele		Street: 601 Eugenia Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/11/2012 (Month) (Day) (Year)	Email: Phone: ( )
9.		Street: City: Volunteer Zip: City: Volunteer Zip: City: Volunteer Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email: Phone: ( )
10.		Street: City: Volunteer Zip: City: Volunteer Zip: City: Volunteer Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, Jane Brozman (Name of Circulator), certify: I reside at 811 No Gammon Rd Madison WI 53717 (Circulator's Residence - Street name and Number) City of Madison (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/13/2012 (Month) (Day) (Year)

Jane Brozman (Signature of Circulator)

Page No. (Official Use Only) 000044

Circulators, please  
Phone: ( )  
Email: ( )

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dorthy McKnight	[Signature]	Street: 1801 Reetz City: Madison W. Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/9/2012
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ / 20
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ / 20
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ / 20
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## Certification of Circulator

I, Jane Brotman (Name of Circulator)

(certify): I reside at

811 No. Gammon Rd (Circulator's Residence - Street name and Number)

Madison, WI 53717 (Circulator Municipality)

Circulators, please

Phone

Email

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
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Jane Brotman  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. William H. Capellaro	W. H. Capellaro	Street: 18475 Linden Lane City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town Exeter <input type="checkbox"/> Village <input type="checkbox"/> City	1/10/2012 (Month) (Day) (Year)	Email: capellar Phone: ( )
2. Chae V. Lor	Chae V. Lor	Street: 305 Belle Ave City: Bellerille Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Belleville <input type="checkbox"/> City	1/16/2012 (Month) (Day) (Year)	Email: Phone: ( )
3. Eouynbor	George R	Street: 600 Rubens Court Dr City: Albany WI Zip: 53502	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Albany	1/12/2012 (Month) (Day) (Year)	Email: Phone: ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, Tim Seger, (certify): I reside at 573 Morehead Dr TOWN OF MONTROSE  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

Tim Seger  
(Signature of Circulator)

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Circulators, please  
Phone: ( )  
Email: ( )

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Connie Smithback	<i>Connie Smithback</i>	Street: 543 Kari St. City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Belleville <input type="checkbox"/> City	12/2/2011 (Month) (Day) (Year)	Email Phone
2. Brenda Jelle	<i>B. Jelle</i>	Street: 532 Village Dr. Apt #2 City: Belleville, WI Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Belleville <input type="checkbox"/> City	12/22/2011 (Month) (Day) (Year)	Email Phone
3. HARRY L. NYE	<i>Harry L. Nye</i>	Street: 4798 EISENHOWER ST City: OREGON Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OREGON	12/22/2011 (Month) (Day) (Year)	Email Phone
4. Jim E. EITH	<i>James E. Eith</i>	Street: W 1835 Treidig Rd City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	1/2/2012 (Month) (Day) (Year)	Email Phone
5. TYLER TOLLEFSON	<i>Tyler Tollefson</i>	Street: 304 Vine Street City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Belleville <input type="checkbox"/> City	1/5/2012 (Month) (Day) (Year)	Email Phone
6. Tom Doran	<i>Tom Doran</i>	Street: 304 Vine Street City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Belleville <input type="checkbox"/> City	1/5/2012 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Kathryn Roosli, (certify): I reside at 427 Mitchell Street Belleville  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 10 2012  
(Month) (Day) (Year)

Kathryn Roosli  
(Signature of Circulator)

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Circulators, please

Phone

Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. KELLY FAHEY	<i>Kelly Fahey</i>	Street: 101 KENT DR City: BARNEVELD Zip: 53507	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BARNEVELD	1/7/2012 (Month) (Day) (Year)	Email Phone ( )
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Connie Pattinson, (certify): I reside at 18 E. School St. village of Belleville  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 2012  
(Month) (Day) (Year)

Connie Pattinson  
(Signature of Circulator)

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Circulators, please  
Phone (6)  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DAVID F. DOWN	David J. Down	Street: 3395 SWANSEE RIDGE City: SUNPRAIRIE WI Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURKE	12/17/2011 (Month) (Day) (Year)
2. Steven J. Haak	Steven J. Haak	Street: 854 Fitz Rd City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	12/17/2011 (Month) (Day) (Year)
3. Adam R. Paris	Adam R. Paris	Street: W3443 Cty Hwy W City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Exeter	1/4/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Robert A. Paris, (certify): I reside at W3443 Cty Rd. W Exeter  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012  
(Month) (Day) (Year)

Robert A. Paris  
(Signature of Circulator)

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Circulators, please  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <i>Steve Wagner</i>	<i>[Signature]</i>	Street: <i>3425 Richard St.</i> City: <i>Madison</i> Zip: <i>53714</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	<i>12/28/2011</i> (Month) (Day) (Year)	Email Phone
2. <i>MARI KATZENMEYER</i>	<i>Mari L. Katzenmeyer</i>	Street: <i>11316 N. Union Rd.</i> City: <i>Brooklyn, WI</i> Zip: <i>WI 53591</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Union</i>	<i>12/28/2011</i> (Month) (Day) (Year)	Email Phone
3. <i>Dolan's Higgins</i>	<i>[Signature]</i>	Street: <i>4900 Roizen</i> City: <i>Monona</i> Zip: <i>53716</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Monona</i>	<i>12/28/2011</i> (Month) (Day) (Year)	Email Phone
4. <i>Lelaina O'Mara</i>	<i>Lelaina O'Mara</i>	Street: <i>96 S. Holmen Drive #8</i> City: <i>Holmen, WI</i> Zip: <i>54636</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Holmen</i>	<i>12/28/2011</i> (Month) (Day) (Year)	Email Phone
5. <i>Robert Fumuso</i>	<i>[Signature]</i>	Street: <i>3533 Margaret Street</i> City: <i>Madison</i> Zip: <i>53714</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	<i>12/28/2011</i> (Month) (Day) (Year)	Email Phone
6. <i>Daniel S. Hoelt</i>	<i>[Signature]</i>	Street: <i>805 E Center St</i> City: <i>Juneau</i> Zip: <i>53039</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Juneau</i>	<i>12/30/2011</i> (Month) (Day) (Year)	Email Phone
7. <i>Angela Johnson Colbat</i>	<i>[Signature]</i>	Street: <i>706 Eastwyn Bay Dr.</i> City: <i>Mequon</i> Zip: <i>53092</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Mequon</i>	<i>12/30/2011</i> (Month) (Day) (Year)	Email Phone
8. <i>LINDA MOORE</i>	<i>[Signature]</i>	Street: <i>1673 MAPLE LN</i> City: <i>Shrobsger</i> Zip: <i>53084</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wilson</i>	<i>12/30/2011</i> (Month) (Day) (Year)	Email Phone
9. <i>Stephen Moore</i>	<i>[Signature]</i>	Street: <i>1673 MAPLE LANE</i> City: <i>5HEBOGAN</i> Zip: <i>53061</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wilson</i>	<i>12/30/2011</i> (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Kenneth J. Roberts, (certify): I reside at N 9218 Hillcrest Rd Town of Exeter  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

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Circulators, please  
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